

Northside Hospital Child Development Center Parental Service Agreements

The Northside Hospital Child Development Center agrees to provide child care
for _____ as indicated on Bi-Weekly Schedule
(Name of Child)

from _____ to _____.

My child will participate in the following meal plan (circle applicable meals and snacks)

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Evening Snack
- Dinner

Before any medication is dispensed to my child, I will provide a written authorization, which includes:
Date; name of child; name of medication; prescription number if any; dosages; date and time of day
Medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's record current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The Northside Hospital Child Development Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Northside Hospital Child Development Center.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)